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AUTHOR Stivler, Robert L.; Ferris, William C.
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ABSTRACT

The authors review forces which contributed to the trend of isolating mentally retarded persons from the mainstream concerns of social work, and point out various linkages between psychology and social work, including such techniques as adaptive behavioral assessment. Social workers are encouraged to accept the mentally retarded as part of ongoing general practice. (CL)

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NEW PERSPECTIVES IN SOCIAL WORK WITH THE MENTALLY RETARDED

ABSTRACT. Social Work in its evolution as a profession has paid limited attention to the field of mental retardation. In this paper, the authors encourage social workers to accept the mentally retarded as part of ongoing general practice and point to linkages between Psychology and Social Work in the assessment of adaptive behavior as one primary area where social work can establish a generic base in working with the mentally retarded and the community.

Robert L. Stivler
William C. Ferris

Social work with the mentally retarded, from a historical perspective, has, by and large, fallen outside of the mainstream of professional concern despite relatively recent but limited mobilization of national resources designed to effectuate de-institutionalization and promote "normalization". In reviewing the current literature in the field of mental retardation one notes a movement, especially within the discipline of psychology, to attempt to investigate that portion of the accepted generalized definition of mental retardation, namely those impairments manifested during the developmental period in adaptive behavior. This in conjunction with measured intelligence constitutes the dual basis of the current and most widely accepted definition of mental retardation (Heber, 1961).

Adaptive behavior, conceptually, is embraced by social work's definition of itself as a profession which stresses the enhancement of interpersonal and social functioning and focuses "on the interactions between people and systems in the social environment" (Pincus and Minahan, 1973, p. 9). Thus, it is at this juncture that social work, in its current ferment, can begin to remedy the many years of benign neglect insofar as the mentally retarded are concerned.

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Modern social work deriving from responses to industrialization, mass population dislocation, and urbanization, emphasized environmentalism in its formative years, the latter part of the 19th and early 20th Centuries. As the Charity Organization Movement evolved in England and America (Rauch, 1976), a "visitor" system was developed which established casework processes within the socio-political action matrix of the movement itself. Although environmental in approach, and modeled on the social practice of medicine which emphasized the Public Health-Epidemeological conceptual framework, casework also looked to the clinical model of medicine as well, and began to center upon the individual, his psychological processes, and adaptive mechanisms.

Mary Richmond, an early pioneer in the field of professional social work, perceptively commented on the direction social casework was beginning to take and sought to encourage an understanding of casework process as being more than merely the "treatment of individuals experiencing problems in their interpersonal relationships", (Hollis, 1972, p. 4). Richmond reportedly emphasized the interplay of socio-economic and political forces as exemplified in the following quote:

> "I have spent twenty-five years of my life in an attempt to get social casework accepted as a valid process in social work. Now I shall spend the rest of my life trying to demonstrate to caseworkers that there is more to social work than social casework." (Wilensky & Labeaux, 1958, pp. 288-289)

Richmond was responding to a number of "ideological" factors shaping the direction of professional social work. Behaviorism, in a Charity Organization sense, translated the effects of broad social forces into observable, individualized terms which not only personalized the documentation of needs in poverty stricken,

boom, and bust America, but simultaneously rationalized the causation of human distress in deterministic value systems centering on the evaluation of personal "strengths and weaknesses" and the notion of "character". The Puritan Ethic, dichotomizing social welfare policy formulation into categorizing the population served into the "deserving" and "undeserving" melded, soon after the turn of the century, into a new and more subtle pre-ordination, evolved by practitioners professing a new approach to understanding human behavior based on the psycho-analytical gestalt of Sigmund Freud.

The balance between the Public Health model of medicine and the clinical paradigm, which Richmond sought to preserve, shifted markedly by the 1920's with the development of psycho-analysis and its consequent offshoots. A pervasive assumption was developed that "insight" and its corollary, "normal intellectual functioning", were necessary conditions for treating maladaptivity. The presupposition of the contingency of potential or probable intellectual adequacy became the hallmark of acceptability for treatment intervention.

Social work, tending to follow the direction of medicine, modeled itself more and more upon the practice of psychiatry which began to shift towards intra-psychic phenomenology and both professions tended to discount mental retardation as a set of conditions generally amenable to treatment other than custodial manipulations. As a result of this ideological approach, resource allocations were generally limited and profound skepticism was prevalent in terms of "treatability".

The mentally retarded became the clientele of the disciplines of psychology and education which emphasized psychometrics and a pragmatic behaviorism established on learning theory and concepts of conditioning. Custodial concepts of care were

being reformulated by various social forces and ideologies which were also affecting the mainstream of psychiatric and social work practice. "Communitarianism", long a part of the American experience, was translated into the "milieu" concept, and manifested itself, in the case of the mentally retarded, as the Farm Colony movement. Ideas of encouraging the mentally ill to "live in" with nearby families close to institutional settings found its counterpart in mental retardation, and this was developed into the broad field of "fostering". Adaptational concepts broke loose from the mold of determinism with newer ideas emphasizing the plasticity of human personality, and which perceived human development as a process of "becoming".

Professional social work, however, manifested little concern for the mentally-retarded and social service delivery has been, until very recently, provided by a relatively small number of social workers who were removed from mainstream development of the profession by institutional walls, geographical isolation, and most importantly, by sets of values negating the efficacy of psychotherapeutic intervention.

More recently, changes have been evidenced in terms of an overall national concern regarding mental retardation. The factors involved are many. Significantly, the thrust of voluntarism made considerable impact with the development of parent organizations of the mentally retarded, who, together with friends and support from community sources began to develop community alternatives to institutionalization. Coalescing, in 1950, into a national movement with the establishment of the National Association of Retarded Children, (now the National Association of Retarded Citizens) and its affiliates, the traditional tools of American voluntarism, (i.e., public education, demonstration projects, and political involvement),

began making themselves felt.

Professional concerns within the field generally, deriving from less deterministic notions about "adaptational" concepts regarding the mentally retarded, created a movement towards a more clearly defined process of diagnosis and classification, with considerable concern about the ethics and resultant effect upon individuals so labeled. This was part of a greater controversy, still extant, wherein J. McV. Hunt, as reported by Hobbs (1975, p. 195), notes:

> "It is in connection with intelligence and tests which measure it that some of the most violent polemics in psychology and in all the behavioral sciences have raged. These polemics have concerned the nature of Man's intellectual capacities, how they should be measured, how mutable they are, and what the implication of the decisions on these issues should be for educating and improving the race."

By 1959 the American Association on Mental Deficiency, in revising, for the fifth time since 1921, its manual on diagnosis and classification "provided for a uniformity in terminology and in the medical and behavioral classifications of persons who are mentally retarded. Outstanding features of the 1959 manual were the dual medical-behavioral classification systems, the definition of mental retardation in operational terms, the emphasis on current level of functioning, and the limitation of the term 'mental retardation' to those individuals whose disability has been manifested during the developmental period". (AAMD, 1973, p.5).

The trend towards modifying professional and social attitudes towards the mentally retarded continues, and since 1959, a significant change has taken place wherein "the previous behavioral category of borderline retardation has been

deleted, reflecting changing concepts regarding the social capabilities of persons with low intelligence". (AAMD, 1973, p. 18).

In the more generalized field of Child Welfare, Adams' (1971, p. X), Mental Retardation and its Social Implications, signalled the "simultaneous concern of both the private and public sectors of child welfare about the plight of the retarded child in all its aspects....".

The impact of the Kennedy Years on social legislation, the Johnsonian War on Poverty, and the current concern for the civil and human rights of the mentally retarded, have come together in the direction of community based solutions to the myriad of problems in human functioning. Social work's dichotomization between its thrust as a movement of social reform and its increasing tendency to link up with psychological perspectives is now coming more and more into balance, and this should have a salutory effect in the field of mental retardation and developmental disabilities. Mental retardation, defined partially as a state of impairment, recognized in the behavior of the individual, lends itself as a field for more concern and exploration by the mainstream of the social work profession.

Psychologists, within the field of mental health, and more specifically in the field of mental retardation, have begun, since the late 1940's, to develop and evaluate instruments assessing adaptive behavior. The use of such assessment instruments indicates, in part, that the current focus seems to be circumscribed by relating clinical observations to programs of behavior modification within institutions and/or classroom settings, or by profiling prescriptively programmatic needs determined by these assessment devices.

Malone and Christian, (1975, p. 367), in describing the use of the A.A.M.D.

Adaptive Behavior Scale, note "the questionable value of the IQ score in the assignment of training priorities for mentally retarded persons has prompted several investigators to develop behavioral measures". These investigators and others have begun to utilize assessment scales relating to adaptive behavior in interdisciplinary program coordination and treatment planning for the institutionalized mentally retarded. Other instruments besides the A.B.S., used by Malone and Christian, include the Cain-Levine Social Competency Scale, (Cain et al, 1963), Gardner's Comprehensive Behavior Checklist, (Gardner, 1970), the Balthazar Scales of Adaptive Behavior, (Balthazar, 1971), and the Adaptive Behavior Checklist, (Allen, Levine, Alker and Loeffler, 1976).

In view of the nature of adaptive responses on the part of the mentally retarded it is important to note that recent research indicates that formal thought processes once thought to be either non-existent or fixated at the Piagetian stage of concrete operations are, in fact, part of the potential of many mentally retarded persons. (Kahn, 1975). Kahn also cites a number of authorities which support the position that ".....retarded persons develop cognitive structures and processes in the same order as intellectually average individuals". (Kahn, p.397). The rate of cognitive development, however, has been found to be slower. It is also important to note that non-retarded children, as well as the retarded, develop cognitive processes beyond those ages which Piaget had determined within the context of his studies. This is highly significant in that it is an indication of a "slower tempo rather than a fixation of cognitive growth". (Kahn, p.397). This evidence that mentally retarded individuals can develop "a cognitive awareness", so to speak, into concepts involved in determining acquisition of formal thought, supports social criteria as part of the dual classification in the A.A.M.D. manual.

The authors contend that the interaction between social work and psychology in the growing development of adaptive behavior assessment technology can have significant effects on the future direction of the social worker's role in the assessment and program planning for the mentally retarded. Recent, but currently unpublished efforts by the authors to explore the use of adaptive behavioral assessments as a socio-clinical mechanism having research, planning, and community organization implications, as well as psycho-diagnostic utility, have led to the formulation of this paper.

Thus, in briefly exploring some of the forces which had led towards the trend of isolating the mentally retarded from the general concerns of mainstream social work, we have hopes that the current movement towards bringing the mentally retarded and the developmentally handicapped within the context of community concern, through various linkages, including collaborative usages of such techniques as adaptive behavioral assessment, will encourage a significant change in generalized social work practice.

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ABOUT THE AUTHORS

Robert I. Stivler, M.A., A.C.S.W., is a clinical social worker for the Diagnostic & Evaluation Clinic, Retardation Program Office, District XI, Department of Health & Rehabilitative Services, Miami, Florida.

William C. Ferris, M.S.W., is Director of Social Services, Sunland Center at Miami, Department of Health & Rehabilitative Services, Miami, Florida.